

:: NATIONAL RESPONSE CENTER ::

:: CONTINUOUS RELEASE REPORT (PDF) ::

The PDF Report should not be submitted to the NRC via fax or mail. They were created for use in Training and/or Response Plans, or as a guide when contacting the NRC.

Please file reports via our toll-free number (800-424-8802) or by submitting an [ONLINE REPORT](#).

Fields displayed in **RED** are mandatory entries. Please fill out the form as completely as possible.

Is this a DRILL Report ? YES NO

E-Mail Address:

REPORTING PARTY

SUSPECTED RESPONSIBLE PARTY

Phone 1: Type:

Last Name:

Last Name:

First Name:

First Name:

Phone 1: Type:

Phone 2: Type:

Phone 2: Type:

Phone 3: Type:

Phone 3: Type:

Company:

Company:

Org Type:

Org Type:

Address:

Address:

City:

City:

State:

State:

ZIP:

ZIP:

Are you calling on behalf of responsible party:

Yes No

Are you or your company responsible for Material released:

Yes No

INCIDENT DESCRIPTION

Description of Incident:

Incident Date:

Time:

Occurred/Discovered/Planned:

Type of Incident: *CONTINUOUS RELEASE*

Incident Cause:

INCIDENT LOCATION

Location Description:									
Address Location:					State:				
					County:				
					ZIP:				
Nearest City:		Distance from Nearest City:			Units:				
Direction:		Range:		Section:		Township:			
Latitude:	Degrees:	Minutes:		Seconds:		Quadrant:			
Longitude:	Degrees:	Minutes:		Seconds:		Quadrant:			
CONTINUOUS RELEASE DETAILS									
Release Type:					Initial Number:				
Permit Number:					Begin Date:				
End Date:					Change Date:				
FIXED INCIDENT LOCATION DETAILS									
Facility Name/ ID:									
FIXED INCIDENT DESCRIPTION DETAILS									
Fixed Object / Facility Type:									
Power Generating Facility: Yes No Unknown									
Compliance with NPDES Permits: Yes No Unknown									
CONTINUOUS RELEASE MATERIALS									
CHRIS Code: (Use UNK if not known)			CAS Number:			Name of Material:			
Upper Bounds:		Upper Bounds Unit:			Upper Bounds Rate:				
CHRIS Code: (Use UNK if not known)			CAS Number:			Name of Material:			
Upper Bounds:		Upper Bounds Unit:			Upper Bounds Rate:				
CHRIS Code: (Use UNK if not known)			CAS Number:			Name of Material:			
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CHRIS Code: (Use UNK if not known)			CAS Number:			Name of Material:			
Upper Bounds:			Upper Bounds Unit:			Upper Bounds Rate:			
IMPACT INFORMATION									
Medium Affected:			Detailed Medium Information:						
Fire:			Yes	No	Unknown	Fire Extinguished: Yes No Unknown			
Injuries:			Yes	No	Unknown	Number of Injuries: Number to Hospital: Rail Employee Injuries: Rail Passenger Injuries:			
Fatalities:			Yes	No	Unknown	Number of Fatalities: Employee Fatalities: Passenger Fatalities: Vehicle Fatalities:			
Evacuations:			Yes	No	Unknown	Number Evacuated: Radius/Area in Miles: Who was Evacuated:			
Damages:			Yes	No	Unknown	Damage in Dollars:			
Road Closed:			Yes	No	Unknown	Road: Major Artery: Yes No Hours Closed: Direction of Closure:			
Track Closed:			Yes	No	Unknown	Track:			
Passengers Transferred:			Yes	No		Unknown	Hours Closed: Direction of Closure:		
Air Corridor Closed:			Yes	No	Unknown	Air Corridor: Hours Closed:			

Waterway Closed:	Yes No Unknown	Waterway: Hours Closed:
Environmental Impact:	Yes No Unknown	Type of Impact:
		Media Interest:

WEATHER INFORMATION

Weather Conditions:	Air Temperature:
Wind Speed: Unit:	Wind Direction:

REMEDIAL ACTION INFORMATION

Remedial Action Taken:
Release Secured: Yes No Unknown Release Duration: Unit:
Rate of Release: Unit: Per:

ADDITIONAL AGENCY INFORMATION

Federal Agency Notified:	
State/Local Agency Notified:	
State/Local Agency On-Scene:	
State Agency's Report Number:	

ADDITIONAL INFORMATION

Additional Information:
